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mer. The author also notes some individual peculiarities of symbolic representation, such as the representation of words by certain syllables, by initial letters of certain definite sizes, stamped characters with backgrounds of specific size and form. In two of his subjects he found the individual peculiarity, not referable to endophasia, of being unable to represent a straight line. One subject could form no mental image of a rectilinear triangle because the sides appeared persistently curved. Another subject presented the peculiarity of sometimes thinking of the words as written in large characters with accompanying representation of the movements of writing. Patini also observed among his subjects cases of what he calls multiple endophasia, *i. e.*, those who, under one set of circumstances, represented the words in one way and, under another set of circumstances, in a different form, *e. g.*, one subject who was ordinarily visual always became audito-motor when he mentally repeated poetry. This is neither the indifferent nor the mixed type of Charcot, the former of which includes such subjects as are able to regulate the type of their mental images at will, while the latter represent all verbal images in some one of the mixed types, auditory-motor, visual-motor, etc. Another interesting point which Patini notes is the frequent occurrence of a representative pseudo-chromaesthesia which corresponds in the representative series to the pseudo-chromanethica of sensation. THEODATE L. SMITH.

Studien zur Hirnpathologie und Psychologie, by A. PICK. S. Karger, Berlin, 1908.

In this monograph Dr. Pick describes a case of "*nachstehender Anamnese*" which is of considerable psychological interest. The examination revealed a pronounced disturbance of memory but no loss of sensibility, or, to quote the author, the "*Sensibilitätsstörung* reduces itself to a greatly impoverished localization." For example, the reaction to the prick of a needle, while following promptly upon the sensation, was so inaccurate as to miss the stimulated spot by 20 cm.; moreover, at times the point of stimulation was not localized at all. Disturbances of orientation were most marked for the head and its parts, but not infrequently for other parts of the body also. 'Asked to indicate the right ear with the finger, the patient may respond readily, but in case of the left ear, stops to think, reaches about the table and only after repeated requests finds the ear.' At times the patient is entirely unable to localize the hands. At other times localization of an organ (the nose for example) is not effected until after the hands have been in contact with it for some time. In such a case the movement is, the author tells us, apparently entirely *automatic*. 'If, while her hand is held, the patient is asked to tell where her nose is, she searches for it in the hand that is held, then, tearing her hand loose, grasps it and says, 'Now I did n't see it'.'"

Pick points out that the patient's expressions indicate an absence of visual representation of the parts to be localized. It appears, too, that the so-called automatic movements, taking place before visual imagery was developed, were accurate and apparently normal and *that the visual representations were, in such cases, developed only after the hand came in contact with the parts in question.*

Pick's explanation of these phenomena is that the image of which we normally make use in localization is an optical one; that the first beginnings of the bodily *ego* are compounded of tactile and kinæsthetic sensations, but that gradually these are translated into optical representations until at last the image (of our body) constructed from visual elements has fully taken the place of the tactual kinæsthetic; and that consequently when the visual image is wanting, localization is impossible.

E. C. ROWE.